

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		9-29-00
O.I.P.E. CLASSIFIER		10105700	
FORMALITY REVIEW	11011111		11/2/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date	Claim	Date	Claim	Date
Final		Original		Final	
51		52		101	
53		54		102	
55		56		103	
57		58		104	
59		60		105	
61		62		106	
63		64		107	
65		66		108	
67		68		109	
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83		84		117	
85		86		118	
87		88		119	
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6606001	Final	Original	9-29-00
21	Final	Original	9-29-00
22	Final	Original	9-29-00
23	Final	Original	9-29-00
24	Final	Original	9-29-00
25	Final	Original	9-29-00
26	Final	Original	9-29-00
27	Final	Original	9-29-00
28	Final	Original	9-29-00
29	Final	Original	9-29-00
30	Final	Original	9-29-00
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32	Final	Original	9-29-00
33	Final	Original	9-29-00
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38	Final	Original	9-29-00
39	Final	Original	9-29-00
40	Final	Original	9-29-00
41	Final	Original	9-29-00
42	Final	Original	9-29-00
43	Final	Original	9-29-00
44	Final	Original	9-29-00
45	Final	Original	9-29-00
46	Final	Original	9-29-00
47	Final	Original	9-29-00
48	Final	Original	9-29-00
49	Final	Original	9-29-00
50	Final	Original	9-29-00

If more than 150 claims or 10 actions
staple additional sheet here

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